

**TRAVEL EXPENSE CLAIM**See Instructions and \*Privacy  
Statement on Reverse Side

STD. 262 (REV. 7/2005)

Page 1 of 1 Pages

CLAIMANT'S NAME <b>LAURA N. CHICK</b>			SSN or EMPLOYEE NUMBER*			DEPARTMENT <b>Planning &amp; Research</b>			
POSITION <b>Inspector General</b>			CB/ID No. <b>Exempt</b>	DIVISION or BUREAU <b>Governor's Office</b>			INDEX NUMBER <b>226</b>		
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS <b>1400 Tenth Street</b>			TELEPHONE NUMBER			
CITY <b>CA</b>		STATE <b>95816</b>		CITY <b>Sacramento</b>		STATE <b>CA</b>		ZIP <b>95814</b>	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T., N.C. RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
10/21	7:30	Sacramento/Orange Co.											
10/21	17:00												
(10) SUBTOTALS													
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
Addressed Orange County League of Cities Division Luncheon.			
No reimburseable expenses. Airfare (\$185.20) charged directly to OPR.		(13) PRIVATE VEHICLE LICENSE NUMBER	
		(14) MILEAGE RATE CLAIMED	
		0.55	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT'S SIGNATURE	DATE 10/27/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)			DATE



# Thank you!

## Your Confirmation is NSHFNJ



### Continue to Book Your Car

Our fares are low, and so are our car rental rates. Search cars using the travel dates and destination from your air reservation.

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[Book a Flight](#)
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## Air

**Adult 1: LAURA CHICK**

Acct#: 00000090958674

Confirmation # NSHFNJ

### AIR ITINERARY

<b>DEPART</b>	<b>Sacramento, CA to Orange County, CA</b>	#2700	Depart <b>Sacramento, CA (SMF)</b>	<b>8:50 AM</b>
<b>OCT</b>	Wednesday, October 21, 2009		Arrive in <b>Orange County, CA (SNA)</b>	<b>10:20 AM</b>
<b>21</b>	Travel Time 1 h 30 m (Nonstop)			
<b>RETURN</b>	<b>Orange County, CA to Sacramento, CA</b>	#577	Depart <b>Orange County, CA (SNA)</b>	<b>2:55 PM</b>
<b>OCT</b>	Wednesday, October 21, 2009		Arrive in <b>Sacramento, CA (SMF)</b>	<b>4:20 PM</b>
<b>21</b>	Travel Time 1 h 25 m (Nonstop)			

## YOU JUST SAVED UP TO \$100 ROUNDTRIP!



## BAG FEES = \$0.00

Bags Fly Free on Southwest.

First and second checked bags. Weight and size limits apply.

### BILLING

INTERNAL REFERENCE NUMBER: 226

Purchaser Name	Form of Payment	Billing Address	Amount Applied
Billed to Account "SWABIZ AmEx"	XXXXXXXXXX1017	Billing address information is on file.	\$185.20

### PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	SMF-SNA	Wanna Get Away	\$40.93	\$13.67	1	\$54.60
Adult	Return	SNA-SMF	Wanna Get Away	\$111.63	\$18.97	1	\$130.60
				<b>\$152.56</b>	<b>\$32.64</b>	<b>1</b>	<b>\$185.20</b>